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Indiana State
Department of Health
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Indiana Childhood Lead Poisoning Prevention Program

Report to the Legislature

March 2005

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This report addressing state lead poisoning activities is required by IC 16-41-39.4-5, as follows:

IC 16-41-39.4-5

Annual report

Sec. 5. (a) The state department shall, in cooperation with other state agencies, collect data under this chapter and, before March 15 of each year, report the results to the general assembly for the previous calendar year. A copy of the report shall be transmitted in an electronic format under IC 5-14-6 to the executive director of the legislative services agency for distribution to the members of the general assembly.

(b) The report transmitted under subsection (a) must include for each county the following information concerning children who are less than seven (7) years of age:

(1) The number of children who received a blood lead test.

(2) The number of children who had a blood test result of at least ten (10) micrograms of lead per deciliter of blood.

(3) The number of children identified under subdivision (2) who received a blood test to confirm that they had lead poisoning.

(4) The number of children identified under subdivision (3) who had lead poisoning.

(5) The number of children identified under subdivision (4) who had a blood test result of less than ten (10) micrograms of lead per deciliter of blood.

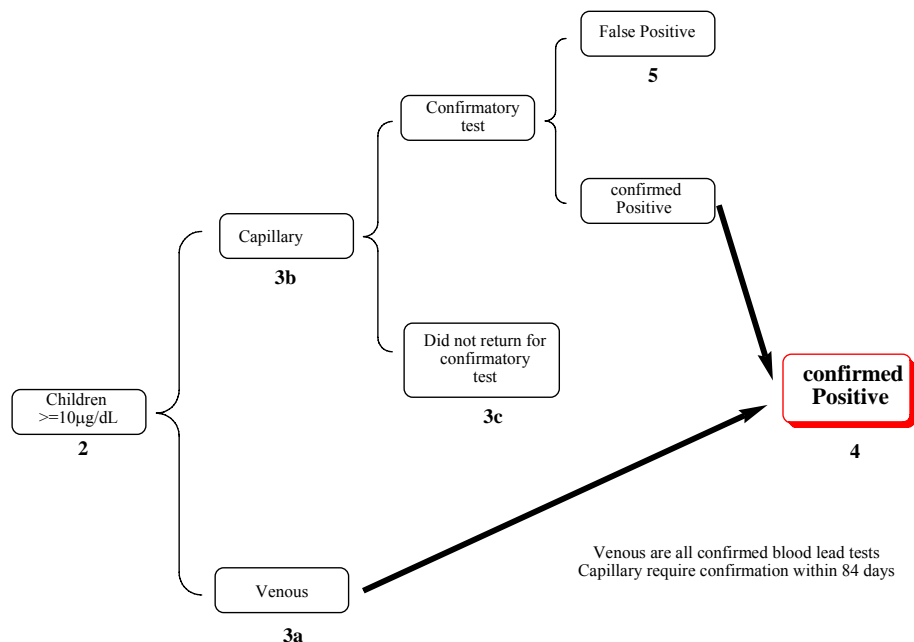
(6) The average number of days taken to confirm a blood lead test.

(7) The number of risk assessments performed for children identified under subdivision (4) and the average number of days taken to perform the risk assessment.

(8) The number of housing units in which risk assessments performed under subdivision (7) documented lead hazards as defined by 40 CFR 745.

(9) The number of housing units identified under subdivision (8) that were covered by orders issued under IC 13-14-10-2 or by another governmental authority to eliminate lead hazards.

(10) The number of housing units identified under subdivision (9) for which lead hazards have been eliminated within thirty (30) days, three (3) months, and six (6) months



Indiana Childhood Lead Poisoning Prevention Program for Calendar Year 2005

COUNTY NAME	Number of children who received at least one blood test (Note 1)	Number of children with blood lead level \geq 10 μ g/dL (Note 2)	Number of children with initial level \geq 10 μ g/dL venous (Note 3)	Number of children with initial level \geq 10 μ g/dL Capillary (Note 3)	Number of children with initial capillary blood lead level \geq 10 μ g/dL not returning for a confirmation test. (Note 3)	<i>Number of children with confirmed blood lead level \geq 10μg/d</i>	Number of children with false positives after confirmation (Note 4)	Average number of days to confirm an initial elevated capillary blood lead test result (Note 3)	Number of risk assessments performed for confirmed elevated blood lead levels	Average number of days to perform a risk assessment (Notes 5 and 6)
	1	2	3(a)	3(b)	3(c)	4	5	6	7(a)	7(b)
Adams	157	≤ 5	≤ 5	≤ 5	≤ 5	$\leq 5^*$	≤ 5	N/A	0	0
Allen	3596	132	60	72	59	61	12	19	32	39
Bartholomew	323	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	N/A	2	22
Benton	27	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	N/A	0	0
Blackford	101	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	N/A	2	11
Boone	195	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	-	-	-
Brown	45	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	-	-	-
Carroll	63	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	-	-	-
Cass	394	13	≤ 5	8	≤ 5	≤ 5	≤ 5	8	1	6
Clark	557	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	N/A	0	0
Clay	71	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	-	-	-
Clinton	205	20	≤ 5	15	11	≤ 5	≤ 5	43	1	30
Crawford	125	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	-	-	-
Daviess	89	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	-	-	-
Dearborn	105	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	-	-	-
Decatur	128	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	N/A	1	18
DeKalb	30	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	1	0	0
Delaware	873	27	9	18	9	9	9	49	0	0
Dubois	20	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	-	-	-
Elkhart	1702	78	22	56	28	27	23	44	18	29

COUNTY NAME	Number of children who received at least one blood test (Note 1) 1	Number of children with blood lead level \geq 10 μ g/dL (Note 2) 2	Number of children with initial level \geq 10 μ g/dL venous (Note 3) 3(a)	Number of children with initial level \geq 10 μ g/dL Capillary (Note 3) 3(b)	Number of children with initial capillary blood lead level \geq 10 μ g/dL not returning for a confirmation test. (Note 3) 3(c)	<i>Number of children with confirmed blood lead level \geq 10μg/dL 4</i>	Number of children with false positives after confirmation (Note 4) 5	Average number of days to confirm an initial elevated capillary blood lead test result (Note 3) 6	Number of risk assessments performed for confirmed elevated blood lead levels 7(a)	Average number of days to perform a risk assessment (Notes 5 and 6) 7(b)
Fayette	149	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	1	0	0
Floyd	720	21	10	11	7	10	≤ 5	23	0	0
Fountain	61	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	-	-	-
Franklin	105	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	N/A	0	0
Fulton	62	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	-	-	-
Gibson	256	12	≤ 5	10	6	≤ 5	≤ 5	63	0	0
Grant	668	10	≤ 5	7	≤ 5	≤ 5	≤ 5	N/A	0	0
Greene	187	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	22	0	0
Hamilton	469	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	-	-	-
Hancock	80	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	N/A	0	0
Harrison	304	11	≤ 5	8	≤ 5	≤ 5	≤ 5			0
Hendricks	264	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5			-
Henry	248	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	-	-	-
Howard	974	10	≤ 5	7	6	≤ 5	≤ 5	44	0	0
Huntington	133	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	N/A	0	0
Jackson	173	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	-	-	-
Jasper	138	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	-	-	-
Jay	102	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	N/A	0	0
Jefferson	322	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	12	2	47
Jennings	244	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	45	0	0
Johnson	152	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	-	-	-
Knox	142	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	-	-	-

COUNTY NAME	Number of children who received at least one blood test (Note 1) 1	Number of children with blood lead level \geq 10 μ g/dL (Note 2) 2	Number of children with initial level \geq 10 μ g/dL venous (Note 3) 3(a)	Number of children with initial level \geq 10 μ g/dL Capillary (Note 3) 3(b)	Number of children with initial capillary blood lead level \geq 10 μ g/dL not returning for a confirmation test. (Note 3) 3(c)	<i>Number of children with confirmed blood lead level \geq 10μg/dL 4</i>	Number of children with false positives after confirmation (Note 4) 5	Average number of days to confirm an initial elevated capillary blood lead test result (Note 3) 6	Number of risk assessments performed for confirmed elevated blood lead levels 7(a)	Average number of days to perform a risk assessment (Notes 5 and 6) 7(b)
Kosciusko	253	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	-	-	-
La Grange	18	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	-	-	-
Lake	4431	135	68	67	40	71	24	12	26	34
LaPorte	42	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	N/A	3	28
Lawrence	624	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	28		
Madison	802	17	13	≤ 5	≤ 5	13	≤ 5	140	1	11
Marion	7334	312	127	185	105	137	70	6	89	70
Marshall	182	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	N/A	0	0
Martin	131	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	18	0	0
Miami	176	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	N/A	0	0
Monroe	866	8	≤ 5	8	≤ 5	≤ 5	≤ 5	6	0	0
Montgomery	165	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	-	-	-
Morgan	184	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	-	-	-
Newton	22	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	N/A	4	45
Noble	126	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	N/A	1	37
Ohio	12	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	-	-	-
Orange	192	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	-	-	-
Owen	194	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	-	-	-
Parke	24	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	-	-	-
Perry	73	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	N/A	0	0
Pike	16	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	-	-	-
Porter	560	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	N/A	2	78

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Posey	151	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	N/A	0	0
Pulaski	70	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	-	-	-
Putnam	221	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	22	2	29
Randolph	163	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	N/A	3	55
Ripley	213	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	N/A	0	0
Rush	71	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	N/A	0	0
Scott	180	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	N/A	0	0
Shelby	43	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	-	-	-
Spencer	134	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	-	-	-
St. Joseph	2466	85	35	50	34	39	12	28	18	46
Starke	49	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	-	-	-
Steuben	141	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	-	-	-
Sullivan	93	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	33	0	0
Switzerland	32	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	-	-	-
Tippecanoe	1137	17	11	6	≤ 5	11	≤ 5	35	2	37
Tipton	72	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	N/A	0	0
Union	65	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	N/A	0	0
Vanderburgh	1766	81	27	54	≤ 5	30	14	34	6	24
Vermillion	20	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	N/A	0	0
Vigo	540	25	14	11	≤ 5	15	≤ 5	31	7	21
Wabash	206	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	-	-	-
Warren	19	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	-	-	-

COUNTY NAME	Number of children who received at least one blood test (Note 1)	Number of children with blood lead level $\geq 10\mu\text{g/dL}$ (Note 2)	Number of children with initial level $\geq 10\mu\text{g/dL}$ venous (Note 3)	Number of children with initial level $\geq 10\mu\text{g/dL}$ Capillary (Note 3)	Number of children with initial capillary blood lead level $\geq 10\mu\text{g/dL}$ not returning for a confirmation test. (Note 3)	<i>Number of children with confirmed blood lead level $\geq 10\mu\text{g/dL}$</i>	Number of children with false positives after confirmation (Note 4)	Average number of days to confirm an initial elevated capillary blood lead test result (Note 3)	Number of risk assessments performed for confirmed elevated blood lead levels	Average number of days to perform a risk assessment (Notes 5 and 6)
	1	2	3(a)	3(b)	3(c)	4	5	6	7(a)	7(b)
Warrick	175	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	-	-	-
Washington	171	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	-	-	-
Wayne	707	34	12	22	10	15	9	32	6	36
Wells	147	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	27	0	0
White	78	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	N/A	0	0
Whitley	69	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	≤ 5	-	-	-
Unknown	2735	32	15	17	10	15	7			
Total	43,120	1244	513	731	437	548	259			

N/A: Result $\geq 10\mu\text{g/dL}$ with an initial venous blood draw which serves as a confirmatory test

*To protect the privacy of the child, if the number is less than or equal to 5 (including 0), it is represented as " ≤ 5 "

Notes on data:

1. For calendar year 2005, 43,120 children under seven years old were reported to ISDH as receiving at least one lead test. Of these children, 2,735 (6 percent) could not be assigned to a county because of missing data or because these children reside outside of Indiana. These children do not appear in the reported county statistics.
2. All children under seven with a capillary and venous blood draw $\geq 10\mu\text{g/dL}$
3. Data on "average days to confirm a elevated blood lead level" reflect only the interval between an initial elevated capillary test and a confirming capillary or venous test. These confirming tests can be delayed for a variety of reasons, including delayed conveyance time between the physicians' office and the laboratory (up to 2 months), turn-around-time in laboratories (up to 21 days), and difficulty locating families and obtaining the confirming sample.

4. Number of children that had an initial capillary blood draw $\geq 10\mu\text{g/dL}$, and after confirming with a venous or a second capillary the analysis was $< 10\mu\text{g/dL}$.
5. Risk assessments are counted if they were completed for a child identified as poisoned in the reporting year. A risk assessment may not have been performed due to loss of contact with the family or due to a family's refusal to have a risk assessment performed. The average number of days between identification of a Confirmed Elevated Blood Lead Level and a risk assessment was 70 days in the reporting year. Delays in RA's build on delays in confirming testing.
6. For items 8, 9, and 10, ICLPPP has instituted improved codes as of 10/1/2006 that will allow reporting of the number of houses found to have lead hazards, the number of orders issued, and the number of houses with lead hazards abated. The data are not reported here because they are incomplete but will be reported for 2006. For item 9, Marion County reports that they issued 151 orders under authority of local ordinances.